

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>2022</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Joseph</u> <u>P</u> <u>Rugola</u> P.O. Box, Bldg., Room No., if any Street <u>6805 Oak Creek Drive</u> City <u>Columbus</u> State <u>Ohio</u> ZIP Code + 4 <u>43229-1591</u>	4. Name, file number, and address of labor organization. Name <u>Ohio Association of Public School Employees</u> Labor Organization File Number <u>513-868</u> P.O. Box, Building and Room Number, if any Street <u>6805 Oak Creek Drive</u> City <u>Columbus</u> State <u>Ohio</u> ZIP Code + 4 <u>43229-1591</u>
5. Position in labor organization. <u>Executive Director and Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Joseph P. Rugola

On

3/29/05  
Date

614-890-4770  
Telephone Number

Name of Person Filing Joseph Rugola

File Number U-2022

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Buckley King

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1300

Street 10 West Broad Street

City Columbus

State Ohio ZIP Code + 4 43215-3419

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Columbus Blue Jackets Hockey Game  
Dinner prior to game

11.b. Approximate dollar value of such dealing.

\$90

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Joseph Rugola

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Arthur E. McGuire, Agent

Trade Name, if any: Nationwide Insurance Co.

P.O. Box, Bldg., Room No., if any

Street 435 Lazelle Road

City Westerville

State Ohio ZIP Code + 4 43081

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Restaurant Gift Certificate

11.b. Approximate dollar value of such dealing.

\$100

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Rugola

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## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Computersmith

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 457 Lazelle Road

City Westerville

State Ohio

ZIP Code + 4 43081

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Restaurant Gift Certificate

11.b. Approximate dollar value of such dealing.

\$100

## 12.a. Nature of interest held or income received.

12.b. Amount.



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Medical Mutual of Ohio

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2060 E. 9th Street

City Cleveland

State Ohio

ZIP Code + 4 44115

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Bottle of Wine

11.b. Approximate dollar value of such dealing.

\$60

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Rugola

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Group Benefits Agency, Inc.

Trade Name, if any: GBA

P.O. Box, Bldg., Room No., if any Suite 236

Street 1105 Schrock Road

City Columbus

State Ohio ZIP Code + 4 43229

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Popcorn Snack Tin

11.b. Approximate dollar value of such dealing.

\$20

## 12.a. Nature of interest held or income received.

12.b. Amount.